## AGENCY — GROUP HOME AGREEMENT Child Placed by Agency in Group Home

Name of Child		Parent's Name	
Birthdate of Child		Date Placed	
Case Number			
Anticipated duration of placement is	months.		
The agency will pay \$	•	المارات والمارات المتعادية والمعادر والمعادر والمعادر والمعادر والمعادر والمعادر والمعادر والمعادر والمعادر	
incidentals, supervision and social ser	rvices. First payment to be made with	in 45 days after placement with subs	recreation, transportation, education equenting acquent payments to be made monthly.
If additional amounts are to be paid,	the reason, amount and conditions	s shall be set forth here:	
Special problems: Yes N	o If yes, explain.		
Agency Ag	grees To	Group Hon	ne Agrees To
<ol> <li>Provide the group home with knowle the child necessary for effective car assessment, medical reports, eductions psychiatric evaluations, and identification date of placement.</li> <li>Work with the group home toward dead.</li> <li>Work toward termination of child's plass.</li> <li>Continue paying for this child's care home maintains child on an active that placement be terminated.</li> <li>Assist in the maintenance of this child has and other family members, planning for this child.</li> <li>Contact this child in the group home plan would indicate less frequent informed.</li> <li>Inform group home if child has any terminated.</li> <li>Provide a Medi-Cal card or other placement.</li> <li>Provide authorization for medical parents or legal guardian.</li> <li>Provide a clothing allowance as perminated.</li> <li>Provide assistance with emergencies or weekends is:</li> </ol>	re. This shall include a social work ational assessment, psychological/istication of special needs when able to group home within 1.4 days velopment of a treatment plan. It is as long as eligible and the group status or until the agency requests wild's constructive relationships with and to involve parents in future the at least once a month. If case contact, the group home will be indencies toward dangerous behavior, medical coverage at the time of treatment, signed by this child's ted to meet initial clothing needs.  Telephone number for after-hours or conform to these requirements. The ld is removed from the group home.	Training suited to his needs.  2. Follow admission requirements examination, medical testing and 3. Develop an understanding or requirements of the agency in with the agency in planning for the Encourage the maintenance of and include the child's parents in the second include in the second include in agreement form.  10. Submit ongoing written evalue evaluations shall shall include in agreement form.  11. Immediately notify agency of since the second include in agreement form.  12. Submit copies of any pertiner medical reports and psychologics.  13. Give agency prior notice of at child unless it is agreed upon with the second include to the second include in agreement form.  14. Conform to the licensing requirer to Provide state and federal age documentation is maintained on the second include to, child singuity this child for any kind of income not limited to, child singuity income/State Supplement. Social Security Income/State Supplement. Provide state in the social Security Administration behalf of this child while in for care plus medical cost. In the Social Security Administration Department of Public Social Security Administration Department of Public Social Security Income/State Supplement of Public Social Security Administration Department of Public Social Security Administration Departm	If the responsibilities, objectives and regard to the care of this child and work his child.  If the natural parent-child relationship is the treatment plan when possible, unishment before the group, deprivation, visits from parents, home visits, threat adding of humiliating punishment and to looks of discipline.  Information given about the child and placement on a planned basis with Id., parents and the agency.  In child at least quarterly.  Immary to the agency within three(3) accement. This summary shall include side of this agreement form, attended to the agency quarterly. These formation listed on the reverse side of this gnificant changes in this child's health, at information such as school reports, I/psychiatric reports as completed.  It information such as school reports, I/psychiatric reports as completed.  It information such as school reports, I/psychiatric reports as completed.  It information such as school reports, I/psychiatric reports as completed.  It is a spolication is made on behalf of one. Examples of income include, but apport payments, Veterans Benefits, Security, RSHDI, and Supplemental mal Program (SSI/SSP).  Social Services any income received oner care up to the full cost of board and addition, I will cooperate to have on, or the appropriate agency, make the rvices the payee for any funds received main in force until changed by mutual
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Title	Name of Agency	Title	Name of Group Home
Address		Address	
Phone Number	Date	Phone Number	Date
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## Initial diagnostic summary shall include:

- A. Medical and dental needs
- B. Psychological/psychiatric evaluations obtained
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to staff
- G. Involvement in recreation program
- H. Behavioral problems
- 1. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and staff who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and his parents in the treatment program

## Quarterly evaluations shall include:

- A. Current status of child's physical and psychological health
- B. Reassessment of child's adjustment to the group home, program, peers, school and staff
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E . Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and his parents in treatment program.